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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Charles Registered No. 100 Village or City Mante all Halling Ilf death occurred in St: Ward) a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINOLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191 4, to Meach 7 st 191 6. that I last saw he we alive on Me are ch 7th 1914 (Month) (Year) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 6 -10 P, m, 1 day,hrs. OR min. ? SOCCUPATION (a) Trade, profession, or narticular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF , 191 4 (Address) Thecheur Hecch-11 BIRTHPLACE ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL mch-14-, 1914 15 20 UNDERTAKER ADDRESS Rlala? If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age." "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coffapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Never report Examples: For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH

O. A	Registration Dist. No. 102
Village or out Fraylow (No. , 2 FULL NAME Robut 73	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Trale Tolick 5 single, Married, Widowed, Or Divorced (Write the word)	(Month) (Day (Year)
March 1894 (Month) (Day (Year)	that I last saw h.L.m. allve on Tel 1 1916
if LESS than 1 day,hrs. ORmln.? Concorded the concorded that	and that death occurred on the date stated above, at 430 am. The CAUSE OF DEATH* was as follows: Seck fince last oct 13. Out all high on ground Cannel Plents of Last form of Length on Ground Cannel Course of Length of Last form of Las
10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER HANNY HOOPEWILL 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING* DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds
(Informant) FIRE TO THE BEST OF MY KNOWLEDGE (Informant) FIRE TO THE BEST OF MY KNOWLEDGE (Address) Fragton Milliams Thompson 16 Filed March 1914 Williams Thompson	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OMONY Chapel May 120 UNDERTANER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." scpsis, tctanus) may be stated under injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report the head or



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No ilf death occurred inWard) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Year) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Day) TAGE If LESS than and that death occurred on the date stated above, f day,hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment la which employed (or employer) Contributory ⁹ BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER _____ yrs. ____ mos. ___ State . Where was disease contracted. if not at place of death?. Former or usuai residence. 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (d) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaccause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
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BUREAU, V.S.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. B

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist.	No. 102
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St.; Ward)

[If death occurred to a hospital or Institution,

	FULL NAME Solle Conci.	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male Black Single, married, widoweb, widoweb, (Write the word)	(Month) (Day (Year)
6 D	MATE OF BIRTH LINKNOVON, 1	17 I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at \$30 mg am. The GAUSE OF DEATH * was as follows:
(a pa (b	CCCUPATION a) Trade, profession, or articular kind of work b) General nature of industry, siness, or establishment to	Cachy sees Harris La Brand Tray
Wh	IRTHPLACE (State or country) 10 NAME OF	Contributory Secondary Couration (Duration) yrs mos ds. Contributory Secondary Couration yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) MACHINETER (State or country)	(Signed) Archive C. Commission Carbon B. Carbo
PAR	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME COUNTRY) 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 -	(Informant). The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
1 6 FI	(Address). Gray Con March 1914 Milian Both Thompson REGISTRAR	Ouk Grove Church March J., 1914 20 UNDERTAKER William Repromption Donosty
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely Examples: mia," "PUERPERAL peritonitis," etc. inus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds., (Recommendations on statement of "Dropsy," "Exhaustiou," State cause for Never repor



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1 PLACE OF DEATH	2718
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STATE OF MARYLAND CERTIFICATE OF DEATH

Gounty & Marces	Registration Dist. No. 106
	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mals Color-20 (Write the word)	16 DATE OF DEATH Mch 23, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE AGE AGE AGE AGE AGE AGE AGE	that I last saw h alive on ,191 , ,19
**SOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) **BIRTHPLACE (State or country)	Contributory (Secondary)
(State or country) Ohas C. O	(Signed) Thos M. Valkerson J. R., Ko. (Signed) Thos M. Valkerson J. R., Ko. 23, 191 # (Address) Paldorf Med *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant).	At place in the of death
(Address) Waldorf Md Filed 3/23 1914 J.M. Wilkerson	Policy Coling Jate of Burial Policy Coling Jate 1914 20 UNDERTAKER Strutt Pour ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERFERAL scptichaeture of the American Medical Association. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 ds. State cause for Examples: For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or-City St.: Ward) No. a hospital or Institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Year) Write be (Write I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw heared, alive on. (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH & was as follows: OR 7 BOCCUPATION (a) Trade, profession, er particular kind of work.... (b) General nature of Industry, business, or establishment in (Ouration) yrs. which employed (or employer) Contributory 9 BIRTHPLACE (Secondary (State or country) (Deration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ... State yrs, ____ mcs. ___ ds. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

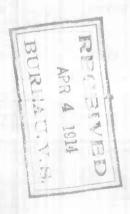
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing draft (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrerral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples: For viods.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. B. No. 1.

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N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate
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state

	PLACE OF DEATH 2720	STATE OF MARYLAND
6	ounty Charles	CERTIFICATE OF DEATH
/G		Registration Dist. No.
V		St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
	FULL NAME Coultry	and and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ex 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Oug. 14 , 1913 , to 13 , 1914,
1	(Month) (Day) (Year)	that I last saw have alive on Man 11 ,191 Y
TA	Tyre. Tymos. who ds. or min.?	and that death occurred on the date stated above, at
(a)	CCUPATION) Trade, profession, or dundry man	Extransion
(b) bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duraflon) yrs mos 2/ds
	IRTHPLACE tate or country) Ches C.	Contributory Juliusury Juliusures (Secondary) (Secondary) Juliusures Juliusures Juliusures (Secondary)
	10 NAME OF RETHER Demal Hawkins	(Signed) , M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
1	OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs, mcs, ds.
	(Informant) Theless OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
	(Address) La Plana	19 Phace of Burial OR REMOVAL DATE OF BURIAL
15 Fil	ed MOUS-, 1914 A Hampotulox	20 UNDERTAKER ADDRESS ADDRESS LEETS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulstatement. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipal in the same disease.

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puzzeperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chrcnii cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1914
BUREAU, V.S.

PLACE OF DEATH 2721 County Charles					RYLAND OF DEATH red No. / 6 (2)
Village or City Pornorthey (No.			st		give its NAME Inste
PERSONAL AND STATISTICAL PARTICULAR	s		MEDICAL CER	TIFICATE OI	F DEATH
June Color of RACE Single, MARRIED, WIOWEO, ORDIVORCEO (Write the word)	ing le	16 DATE OF D		(Month)	(Day) (Year)
6 DATE OF BIRTH (Month) (Day)	, 18/3 (Year)	Mac	ch 191914	to Mec	cel /9, 1914
<u>~</u> .	ormin.?	The CAUSE OF	F DEATH* was	as follows:	above, at 3-50 CC,1 To your construction of the construction of t
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)		it but	a at zi	cy of y	ice I som
9 BIRTHPLACE (State or country) War Porruerche y 10 NAME OF FATHER George Freue	cu	(Secondary)	u'. mu	Toluce	,
11 BIRTHPLACE OF FATHER (State or country) Charles Country 12 MAIDEN NAME OF MOTHER	20	*State the CAUSES, state	DISTAST CAUSING	DEATH, or, INJURY: and	In deaths from VioLent (2) whether Acciden
of Mother Scha Access 13 BIRTHPLACE OF MOTHER (State or country) Charles Co		At place	(ESIGENTS)	In the	INSTITUTIONS, TRANSIENT
(Informant) John Snime (Informant) John Snime		Where was disease If not at place of d Former or	contracted,		
(Address) Domonitey. 16 Filed Tich 31, 1914 Co. H. Frank		// 1 .	_	m.	ADDRESS
if more blanks are needed, address State R	egistrar, 6 E.	Franklin St., F	Balto., Requesting	V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) neeru: (a) Foreman, (b) Automobile factory. The If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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MARGIN RE

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEAT

2722



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./ 0 \$

_5	t.;	Ward

[If death occurred io a hospital or lostitution, give its NAME lostead of stroei and comber.]

FULL NAME Edmind Husan.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Plack Single, Married (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY GERTIFY, That I attended deceased from 191.3. to 4 9 191.4.
(Month) (Day (Year)	that I last saw h & alive on 4 5 4 5 , 191 4
7 AGE If LESS than	and that death occurred on the date stated above, at 12 m,
5 4 (7) mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Exatic Cerrioris.
(a) Trade, profession, or particular kind of work	Cardiac Walnular Grease
(b) General nature of Industry, business, or establishment in South Poucler Works which employed (or employer)	(Ouration) / 5 yrs mos ds.
9 BIRTHPLACE (State or country) Charle Ce, W.	Secondary
10 NAME OF UNKnown.	(Signed) Geo. C. Bickerell, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
of MOTHER Cligality Janear	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSITUTIONS
13 BIRTHPLACE OF MOTHER (State or country) Charlee Cev. Md	Al place in the of death yrs. mos. ds. State yrs, mos. ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Walter Hawkins	Former or usual residence
(Address) Pisyah Ind (man)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Twith Colubell Church murch 3 1914
Filed march 2 1914 The fortherland	20 UNDERTAKER ADDRESS
Local REGISTRAR	Cox Carpenter Pisych md
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No.4.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer of Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-The question

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County La hanles

PLACE OF DEATH 2723/

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

/illage or Git		- 1	St; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERS	SONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
male	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY. That I is	(Day (Year)
DATE OF BIR	-) 1	/3 , 19/4. (Day (Year)	that I last saw halive on	191
AGE	yrs	it LESS than t day,hrs.	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	
(b) General natur business, or esta which employed (c) BIRTHPLACE (State or c)	work	Co ma	Contributory Secondary (Signed) (Signed) (Address) (Address)	yrs mos ds.
12 MAIDEL OF MO	PLACE THER or country) Cha	Praores Les Co. Ind TOF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, OR, CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place in the ot death	MSTITUTIONS, TRANSIENTS,
(Intermant) (Address) Filed March		Le Cal REGISTRAR.	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER La Carpenler	DATE OF BURIAL MALLES / 1 , 191 4. ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbecu changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many oecupations a single word or term on the Statement of occupation-Preeise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (0)

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should IS PHYSICIANS shou of OCCUPATION RECORD statement PERMANENT EXACTLY. classified. 70 properly INK supplied. pe UNFADING may certificate. 80 0 WITH back terms, should 0 PLAINLY, plain instructions Information ۳ DEATH WRITE See of Item OF mportant. CAUSE mi.

state Very

2724 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. StWard) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. State _____ yrs, ____ mos. _ Where was disease contracted. THE ABOVE IS TRUE TO TH KNOWLEDGE If not at place of death?

fif death occurred la

(Year)

a hospital or Institution.

give Its NAME Instead of street and number.]

(Day

DATE OF BURIAL

mar 22

ADDRESS

(Address)

REGISTRAR If more blanks are ne ded, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No.

Former or

usual residence

OR REMOVAL

No. zá.

(Informant)

15

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekoepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; tbe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Contributory." dent; Revolver wound of head-homicide; Poisoned mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) For vio-



V. S. No. 1.

PHYSICIANS should state of OCCUPATION IS very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS. AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, so Important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vil	lage or City when marker (No. ,	give its NAME Instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	MATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on Morel 7 to 1914
7 A	11 LESS than 1 day,	and that death occurred on the date stated above, at
(a) pai (b) bus whi	CCUPATION Trade, profession, or flicular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	Og truse foist- una left maxilly (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER W 11 BIRTHPLACE OF FATHER (State or country) W 22 MAIDEN NAME		(Signed)
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. Lyone	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or
16	ed Mor. 10 th, 1914 Zach. R. Morgan	19 PLACE OF BURIAL OR REMOVAL All Faith Cewelery March 1, 1814 20 UNDERTAKER ADDRESS A. C. Welch Chapties trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiit should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (6)

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thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Aslnjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-





MARGIN RESERVED FOR BINDING

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classifled. pinous properly AGI supplied. pe may certificate. that It 80 0 pe back terms, pinous 00 plain Instructions Information 2 DEATH See 10 Item OF Every Item CAUSE OF Important.

state Very 1 PLACE OF DEATH 272
County Warle



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, 191. WIDDWED. (Month) ORDIVORCED (Write the word) (Day (Year) HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE U OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State _____ yrs. __ Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR DATE OF BURIAL (Address) 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH 2779 1	STATE OF MARYLAND
Marres	CERTIFICATE OF DEATH
County	Registration Dist. No. / D 8
Village or City Druglic (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Dreef L	Mrssich of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Momile Widower, Widower, Widower, Widower, Widower, Widower, Write the word)	18 DATE OF DEATH Morch 97, 191 // (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Dan 1, 1846	that I last saw h I cally on March 27, 1914
Month) (Day) (Year)	19 10
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at ///////////////////////////////////
C yrs	The CAUSE OF DEATH Was as follows:
8 OCCUPATION (a) Trade, profession, or Justicular kind of work Justicular kind of work	Samuel Sa
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory a de Mercercia (Secondary) (Duration) yrs. mos. V. ds. (Secondary) mos. V. ds.
10 NAME OF Jon B Mrosick	(Signed) Chappeler, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER?	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT
M 12 MAIDEN NAME OF MOTHER?	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Mit & Musich	Former or usual residence
(Address) Brurdiet Md	Asberry & habel Morel 29, 1914
	20 UN DERTAKER ADDRESS
Filed REGISTRAR	Tory Harbord Leghoris m
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may he indishould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. (a) Spinner, it should he used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. childbirth or miscarriage, as "Purprenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For VIO-



V. S. No. 1.

N. B.-

		should state
	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Vo. 1.	WRIT	Every Item of I CAUSE OF DE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / U/

CI.	111	

[if death occurred in a hospital or institution, give Its NAME Instead of street and number.]

1 PLACE OF DEATH

	FULL NAME CONFU ! MLCA		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SI	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mey (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
6 D	ATE OF BIRTH		
	Month) (Day (Year)	that I last saw halive on, 191, 191	
7 A	GE If LESS than	and that death occurred on the date stated above, at 636 Pm.	
	vrs / 0 mas 2 9 ds 0 Rmin.?	The CAUSE OF DEATH* was as follows:	
80	yrs mos 4s. OR min.?	Ludenson	
60	Trade profession or		
	rticular kind of work.		
bus	iness, or establishment in	(Duration)yrs,mos,ds.	
	IRTHPLACE	Contributory	
181	(State or country)	Secondary	
	10 NAME OF	(Duration) yrs mos ds.	
	FATHER CHIQUING Seal	(Signed) 14 Freetresland, M. D.	
TS	11 BIRTHPLACE	Musch 7, 1914 (Address) Marbun Ind	
PARENTS	(State or country) laharles Les Mid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-	
AR	12 MAIDEN NAME OF MOTHER S	TAL, SUICIDAL, OF HOMICIDAL.	
0	Gra: Britler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	OF MOTHER (State or country) do harles he had	At piace In the	
14 -		of death yrs mos ds. State yrs mos ds Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not at place of death?	
	(Informant) Lugustas Ital	Former or usual residence	
	(Address) Inabury md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	6 5	Cornwalace neck march 7, 1914	
Fil	ed Murch 7 1914 Ta Southerlow	20 UNDERTAKER ADDRESS	
	Jo Caf REGISTRAR	6. D. Corpenter bisgah mo	
(If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation—Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," inqualified, is indefinite): Tuberentessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need uot be stated unless important. naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasics (disease causing (Recommendations on statement of "Convulsions," "Debility" ("Condeath), 29 "Exhaustion," Never report For vio-



		should state
	RECORD	PHYSICIANS of OCCUPAT
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		2

Gounty Charles 2729 CH	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Control of the	Registration Dist. No. 100
Village or City A Hala (No,	St.; Ward) St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Polorid (Write the word)	16 DATE OF DEATH MCL 27, 1914 (Month) (Day (Year)
Month (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Juste State Child had marasmy J. 13, (Duration) yrs mos ds.
OF STATE OF COUNTRY) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Mell 22 191 4 D. Hause Mark Col	Contributory Secondary (Boration) (Contributory (Contributory
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Statement of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcine

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1914
BURLLAU. V.S.

V. S. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 2 UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it millimportant. See Instructions on back of certificate. PLAINLY, WITH of information should WRITE N. B.—Every Item CAUSE OF

1 pլ	AGE OF DEATH	2730	0.40	ST.	ATE OF MAR	YLAND
County	narles			R P	IFICATE OF	4
		0 10		R	Registration Dist.	. No
Village or (FULL NAME	Parge	£.,	Farris.		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PE	RSONAL AND STATIST	ICAL PARTICULA	RS	MEDICAL	CERTIFICATE OF	DEATH
3 SEX mal	e White		entrice	16 DATE OF DEATH	(Month)	2 ,1914 (Day (Year)
B DATE OF BIRTH NOV 1861			FA. 2011	1914, to man	/	
7 AGE	(Month) (Day	(Year)	that I last saw h a		1 191 4
'AGE	S3 yrs S	mosds,	If LESS than 1 day,hrs. ORmin.?	and that death occurred The CAUSE OF DEATH		above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)			Arcen Pobut	4. J.L.	yrsmosd.s.	
9 BIRTHPLACE (State or country) A Marys 6			Contributory Secondary	(Burntian)	vrs. mos. 7 ds.	
S 11 BIRT	HPLACE ATHER	Parris		(Signed)	Y. R. H	•
W 12 MAID	te or country) EN NAME	navys (0	TAL, SUICIDAL, OF HOM	ICIDAL.	in deaths from VIOLENT (2) whether ACCIDEN-
	HPLACE OTHER te or country)	marys	Co	18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death yrs mos Where was disease contracted,	In the State	yrs, mos, ds
(Informant) Boh Ammis			If not at place of death? Former or usual residence			
(Address) Noth mill			19 PLACE OF BURIAL O	11100	March 4, 1914	
Flied Prov.	ch 3 1914 W-	a. neul		20 UNDERTAKER	holic Cemely	ADDRESS 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question should be taken to report specifically the occupations mine, etc. "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) But in many As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease, causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

nant peoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convnisions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhanstion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or unscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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carefully supplied.

DEATH in plain terms, so that it masses instructions on back of certificate.

of information should be

CAUSE OF Important. S

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arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

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County	to harles

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 100
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	Registration Dist. No.
Village or City La Blata (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVDRCED (Write the word)	16 DATE OF DEATH March 17th, 1914 (Year)
Date of Birth South from 1846 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Smarth 10 7, 1914, to Sugrel 17 4, 1914, that I last saw has alive on March 17 4, 1914.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 9-45 fm, The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) **BIRTHPLACE** (State or country) **Charles Country* **Charle	(Duration) yrs mos / 7 ds. Contributory Secondary
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) Thus S. M. C. Med 18, 191 4 (Address) La Plaia, md *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Charles les, 2nd. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Oscar Osman)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs, mos ds Where was disease contracted, if not at place of death? former or usual residence.
(Address) Spring Hill, Blue, Es me 16 Filed Meh 18, 1914 P. Hamptin Cox	

V. S. No. 1.

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the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For yrochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"



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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. 4 AGE should be UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. PLAINLY, WITH Every Item of Information should CAUSE OF DEATH in plain terms WRITE

1 PLACE OF DEATH

+ 10 8 m REFOREGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No. / 8.2
Village or City Rankemay (No. , 2FULL NAME Still Born	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWEO, OR DIVORCED (Write the word) 6 DATE OF BIRTH MORCH (7, 1914	16 DATE OF DEATH MOREM (7, 191.45) (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191,
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Agnus Penny 11 BIRTHPLACE OF FATHER (State or country) Chas Co mol	(Signed) Action B Thomas Mos. ds. (Signed) Action B Thomas M.D. *State the Disease Causing Death. or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Contact Butter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
(Address) Manfinnay (nd 16 Mar (8, 1914-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar 191 4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As oma, Sarcoma, etc., of...... (uame origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report



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(SICIANS should OCCUPATION IS PHYSICIAN RECORD PERMANENT classi properly GE UNFADING certifical 0 WITH back term 50 PLAINLY plain See Instructions DEATH of Item OF mportant. Every It 80 ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in -Ward) a hospital or institution. give its NAME instead ot street and number. I PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVERCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended decsased from DATE OF BIRTH (Month) (Day (Year) TAGE it LESS than and that death occurred on the date stated above, a 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ⁹BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. .. State _____ yrs. ____ mos. Where was diseaso contracted. THE ABOVE IS TRUE it not at place of death? Former or usual rosidenco. 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

dutles of the household only (not pald Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puenperal septichaeetc., when a definite disease can be ascertained as the nant neopiasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 4 AGE sho INK be supplied UNFADING 90 WITH terms, n back pinode 60 PLAINLY, plain Instructions Ē EATH ā 96 mportant. Every It m

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 105 fit death occurred in StWard) a hospital or Institution, give its NAME lostead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE SEX MARRIEO. WIDOWEO. (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind et work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. mos. .. State Where was disease contracted. it not at place of death? Former or (Interment) usual residence DATE OF BURIAL (Address)

ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described them and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopacumonia (secondary). 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of _ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can Examples: For VIO-



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DEATH in plain terms, See instructions on back

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3 SEX

6 DATE OF BIRTH

(Address)

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4 COLOR OR RACE

5 SINGLE,

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STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

	Registration Dist.	NO
	Rusise Ward)	[It death occurred is a hospital or Institution give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF D	EATH
yle	16 DATE OF DEATH (Month)	(Day) (Year)
Jun	17 I HEREBY CERTIFY, That I att	ended deceased from
1.299 (Year)	that I last saw hallve on	2,191,2
LESS fhan day,hrs. min. ?	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	
***************************************	Organie Theen	r
	(Durafion)	rsds.
	Contributory (Secondary)	
	(Signed) (Address) (Back of Sack of Sa	, M . D.
	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJUEY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	esths from Violenm
~	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTORMED OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State	· .
GE .	Where was disease confracted, if not at place of death? Former or usual residence.	
	19 PLACE OF BUDIAL OF PEMOVAL	TE OF BURGO

(Day) 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) PARENT 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

B. No. 1.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But lu many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as nunc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonacum, etc... Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," childbirth or miscarriage, as "Puenpenal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Hart fallure," "Haemorrhage," "Inanition," "Maragenital," "Senile," etc.), "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-aectmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can Examples: For vio-



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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	Important. See instructions on back of certificate.

3 SEX

7 AGE

PARENTS

15

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind et work (b) General nature of lodustry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF OF

of FATHER (State or country)

OF MOTHER (State or country)

(Address).....

(Informant)

which employed (or employer) -----

12 MAIDEN NAME Maure

14 THE ABOVE IS TRUE TO THE BEST

state

1 PLACE OF DEATH

PERSONAL AND STATISTIC 4 COLOR OR RACE

Coluse

(Mont)

2736

STATE OF MARYLAND CERTIFICATE OF DEATH

1111

	Registration Dist. No./ U.S.
C	St.;—Ward) [If death occurred le a hospital or lostitution, give its NAME lostead et street aod nomber.]
L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Day), 1913	that I last saw h in allve on Der 28, 1919
If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 5-10-2 m. The CAUSE OF DEATH* was as follows:
nove	Elaustian
`	(Duration) yrs. mos. ds.
o C,	(Secondary) Scenela Orenes (Becondary) (Duration) yrs. mos. 7 ds.
Imanu	(Signed) , M. D.
a,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a. Proctor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
a.	At place In the of death yrs mos ds. State yrs mos ds.
OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
many	Former or usual residence.
1 OWN	Is place of Burial or REMOVAL DATE OF BURIAL Man & 1914
Josef REGISTRAR	Lamer Swarm Belalla

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopncumonia "Croup"); Typhoid fever (never report "Typhoid time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu. brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of

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chlidbirth or miscarriage, as "Puerperal scptichacinjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

V. S. No. 1.

	ORD	CIANS should state
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	TH UNFADING INK-T	be carefully supplied. AGE so that it may be proper of certificate.
•	WRITE PLAINLY, WIT	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
V: 6. NO. 1.		N. B.—Every CAUSE Import

	1 PLACE OF DEATH 2737	STATE OF MARYLAND
	· Charles	CERTIFICATE OF DEATH
Col	unty Murces	Registration Dist, No. 101
Vill	age or City Pisgah (No,	St.;—Ward) [It death occurred in a hospital or institution,
	2FULL NAME none (Still-	Birth) Taylor give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED, WIDOWED, & MACL	16 DATE OF DEATH March 1 St, 191 4 (Month) (Day (Year)
	Male Colored Write the word	17 I HEREBY CERTIFY, That I attended deceased from
0 0/	march 1st, 1914	, 191, to, 191,
7	(Month) (Day (Year)	that I last saw hallve on, 191
7 AC	Still - Born t day,hrs.	and that death occurred on the date stated above, at
	yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) par	CCUPATION Trade, profession, or ticular kind of work	Still-Born
bus Whi	General nature of Indostry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. ds.
9 B1	RTHPLACE (State or country) Charles Co. md.	Secondary (Dyration)yrsmosds.
	10 NAME OF FATHER William J. Taylor	(Signed) Ia Toutherland
ENTS	OF FATHER (State or country) Chas. Co. Mid.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME POSIA Brown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	of MOTHER (State or country) Chas. Co. Md.	At place of deathyrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant)	Former or usual residence
	(Address) Pisgah, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Smiths Chapel Cemetery March 2, 1914
FI	Pd, 191	20 UNDERTAKER CARDONALES PADDRESS Md.
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubcrcu-Statement of cause of death-Name, first, the DISEASE

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BUREAU, V.S. APR 6 1914

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenpenal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from rooma, etc., of (name origin; "Can-Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

the certificate is permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

RECEIVED BUREAU, V.S. APR 20 1914

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ANS S	Vil	lage or Gity om onkely (No	St.;——Wa
PHYSICIANS should of OCCUPATION IS		*FULL NAME Jane J	hompson
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
ated EXACTLY. Exact statement	35	emale 4 color or race 5 single, married, wipower, or opivorcep (Write the word)	16 DATE OF DEATH Mch
stated I	6 D	ATE OF BIRTH	17 HEREBY CERTIFY, Th
		(Month) (Day (Year)	that I last saw har alive on
ssiffec	TA		and that death occurred on the date sta
should y class		65 yrs 2 mos ds. OR min.?	The CAUSE OF DEATH* was as follows
supplied. AGE should be simay be properly classified.	(a) pa (b) bus	CCUPATION) Trade, professian, or ricular kind of work	Infected (?)
carefully su that it m certificate.	9 B	(State or country) Chas. Co. md.	Contributory Welmi a Secondary (Doration)
00 -		10 NAME OF FATHER ACRES	(Signed) E. May Fiel
C, S	STA	11 BIRTHPLACE OF FATHER	13 Gran, 191 4 (Address) /0
shot on	ARENT	(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.
Information s ATH in plain instructions	Ф	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPIT)
Nformat VTH in instruct		OF MOTHER (State or country) Unknown	of death yrs mos ds. Sta
of inform DEATH See instr	14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
- L		(Informant) Clarity Thompson	Former or usual residence
草田井		(Address) onlonkly Md.	19 PLACE OF BURIAL OR REMOVAL
CAUSI Import	16 FII	on meh. 16, 1914 C. H. Marshall	Comonkly Cem.
		Nen Local REGISTRAR	Wm Mahoney

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND TE OF DEATH

ion Dist, No. 106

7131.	NO
rd)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
OF I	DEATH
/ .	13,1914 (Day (Year)
at I at	13, 1914 (Day (Year) tended deceased from wareh, 1914,
ted ab	catel, 1914
J	tidneys
te.	tidneys erel cloude
<u>g</u>	roanh 3 ds.
or, in	mos 3 ds. N. D. Adeathy from Violen'r (2) whether Acciden-
	STITUTIONS, TRANSIENTS,
e	yrsde

3	nch. 16,191 4

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-"Foreman," (b)

Statement of cause of death—Name, first, the nisrase causing death—lamb affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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valvular heart disease; Chronic interstitial nephritis cer" is less dequite hypid use of "Tumor" for malig-nant veolusing. Hrastes: Whooping gough; Chronic oma, Sarboma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated upless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

sent out for signature, blatte received and doctors

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

	PLACE OF DEATH	STATE OF MARYLAND	
60	unty Charles	CERTIFICATE OF DEATH	
	(D'in	Registration Dist. No.	- :
Vii	lage or City 118 GOW (No	St.;Ward) [If death occurred a hospital or institution	
	11.1.41	give its NAME Instruction of street and number	ead
	FULL NAME AM ST. CL	will, or steel and nomber	-u
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
35	Male Color of Race 5 single. Married. Married. Moderat Orbivorest (Write the word)	16 DATE OF DEATH MWW 14, 191 (Month) (Day (Year	7
8 D	ATE OF BIRTH	I HEREBY CERTIFY. That I attended deceased for	rom
	apr. ~ 1835	191 4 to Vacat , 191	7.
	Month) (Day (Year)	that Wast saw h me alive on fuch 4 191	.4.
7 A	1/0/	and that death occurred on the date stated above, at 199	m,
	yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:	
	CCUPATION	alatation of wart	
	Trade, profession, or favored for the factor of the factor	Chr. Myscarditis.	
(b)	General nature of industry, iness, or establishment in	2	
Whi	ich employed (or employer)	(Ouration) yrs mos.	ds.
9 B	(State or country) Charles Co. Md;	Contributory Secondary (Doration) yrs mos	
	10 NAME OF HEO, Teisner.	(0) - 1 (1) (1) (1) (1) (1)	W. D.
ARENTS	OF FATHER (State or country) Own les Co. Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCH	ENT
PARE	12 MAIDEN NAME Wakie Jones	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE	
	13 BIRTHPLACE OF MOTHER (State or country) Olarle Cer. And	Af place of death yrs. mos. ds. State yrs. mos.	ds.
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) nancy Terrier	Former or	
	(Address) Pisorah Md (33)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	=
15		alexander Colsafiel march 17, 191	4_
FII	ed hooch 14 1914 The Southerland	20 UNDERTAKER ADDRESS	_
	2000 REGISTRAR	In B Shumpson Gonsids	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) been changed or given up on account of the disease material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For vio-



BINDING FOR RESERVED MARGIN

S. No. 1.

N.B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Strung Thele (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
FULL NAME Suffered	Dallera
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Walk Color or RACE Single, MARRIED, WIDOWED, OROUGORCED (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw h
(a) Trade, protession, or particular kind et work	(Duration) yrs mos ds
(State or country) Cheroles Comy	Gontributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER TRANSPORT OF FATHER (State or country) Clears. Car	(Signed) , M. D. (Signed) , 191 (Address) (Addres
13 BIRTHPLACE OF MOTHER (State or country) Clean Can	18 LENGTH OF RESIDENCE (FOR HOSPITALS: INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) There I was a second of the	Where was disease contracted, If not at place of death? Former or usual residence
6 Filed Meh 1 1914 Pe Hampton Cap. 1814 Pe Hampton Cap.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS
	The following with and

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

sepsis, tctanus) may be stated under the head "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purprenal scptichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds. State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECE VED
APR 8 1914
BUREAU, V.S.

	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No St.; Ward) St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2001. 1913. to 25 to 14, 1914.
that I last saw har alive on A Jeb 14 1914
and that death occurred on the date stated above, at 130 A m. The CAUSE OF DEATH* was as follows:
Contributory Secondary
(Signed)
TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of deathyrsmosds.
Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS

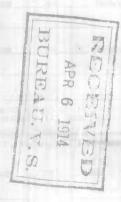


[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus)
"Contributory." mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



PHYSICIANS should state PERMANENT BINDING pe supplied. ARGIN Information

OCCUPATION IS Registration Dist. St.:....Ward) 0 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, marrees WIDOWED, (Month) (Write the word) properly classified. (Day) (Year) 7 AGE If LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Frade, profession, or parficular kind of work. (b) General nature of industry, pe business, or establishment lo may which employed (or employer) ----certificate. Contributory 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 80 ō back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. DEATH In plain OF MOTHER Instructions OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country Af place io the of death _____ yrs. ___ mos. ___ ds. Where was disease contracted. If not at place of death?. Every Item CAUSE OF Important, S usual residence. 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

No. 70 K
[If death occurred to a hospital or institution, give its NAME lostead of street and number.]
EATH

MEDICAL CERTIFICATE OF HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 10 20, 1914 (Address) Afical *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Stafe yrs, ____ mos, __ ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lilshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more vecise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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